

ELIGIBILITY DATA FORM: For claims under the Uniformed Services Employment and Reemployment Rights Act (USERRA)
and/or claims under the Veterans' Preference (VP) provisions of the Veterans Employment Opportunities Act of 1998
U.S. Department of Labor, Veterans' Employment and Training Service

PLEASE TYPE OR PRINT

Section I: Claimant Information

1. Name: _____
Last Name First Name M.I.
2. Address: _____
Street City State ZIP
3. Social Security No: _____ 4. Home Phone: _____ 5. Work Phone: _____

Section II: Uniformed Service Information

6. Serve(d) In: ☐ Army ☐ Navy ☐ Marine Corps ☐ Air Force ☐ Coast Guard ☐ National Guard ☐ Reserve
☐ Public Health Service ☐ Other (Explain in "Comments") ☐ None (Retaliation Claim - Explain in "Comments")
7. If Reserve/National Guard:
- (a) Name of Unit: _____
- (b) Unit Address: _____
- (c) Unit Phone: _____
8. Dates of Service (if applicable): (a) From: _____ To: _____
OR (b) Date of Examination/Rejection for Service: _____
9. Type of Discharge or Separation: ☐ Honorable Conditions ☐ Entry Level ☐ Uncharacterized ☐ Medical
☐ Other than Honorable Conditions ☐ Other (Explain in "Comments") ☐ Not Applicable

Section III: Employer Information

10. Employer or Prospective Employer's Name: _____
11. Address: _____
Street City County State ZIP
12. Principal Employer Contact (PEC):
(a) PEC Name/Title: _____ (b) PEC Phone: _____
13. Employment Dates (if applicable): From: _____ To: _____
14. Since beginning work with this employer, has your cumulative uniformed service exceeded 5 years? ☐ Yes ☐ No
If **YES**, explain in Comments box at end of this claim form.
15. Name of Union(s) That Represent You: _____

Section IV: Claim Information**If Claim Concerns Veterans' Preference in Federal Employment**

16. Preference Issue (Check One): ☐ Hiring ☐ Reduction-in-Force (RIF)

If Claim Concerns Employment Discrimination under USERRA

17. Employment Discrimination Issue(s): ☐ Hiring ☐ Reemployment ☐ Promotion ☐ Termination ☐ Benefits of Employment

If Claim Concerns Hiring, Promotion, RIF or Termination:

18. Title of Position Held or Applied For: _____

19. Pay Rate: _____

20. Date of Application for Employment/Promotion: _____

20a. Vacancy Announcement No.: _____

20b. Date Vacancy Opened: _____ 20c. Date Vacancy Closed: _____

If Claim Concerns Reemployment Following Service:

21. Was Prior Notice of Service Provided to Employer? ☐ Yes ☐ No (If "No," Explain in Comments)

22. (a) Who Provided Notice of Service to Employer? ☐ Self ☐ Other (name): _____

(b) Was the Notice of Service: ☐ Written ☐ Oral ☐ Both

(c) Date Notice of Service was given to Employer: _____

23. Name/Title of Person to Whom Notice of Service was Provided: _____

24. Date Applied for Reemployment: _____ OR Date Returned to Work: _____

25. Reemployment Application Made To: Name: _____ Title: _____

26. Reemployed or Reinstated? ☐ Yes (date): _____ ☐ No

(a) If **YES**, what position? _____ at what pay rate? _____

(b) If **NO**, Date denied: _____ Reason given: _____

(c) Who denied (name): _____

I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact my employer or any other person for information concerning this claim. Pursuant to 5 U.S.C., Section 552(b) of the Privacy Act, I consent to the release of the above information and any records necessary for the investigation and prosecution of my claim.

SIGNATURE: _____ **DATE:** _____

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

PRIVACY ACT STATEMENT

The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA or laws/regulations relating to veterans' preference in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance on your claim.

Continue in Comments box &/or use additional sheet(s) to explain items if needed - Sign and date form (above)

Use additional sheet(s) if needed - Initial & date each page at bottom

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This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

INITIALS: _____ **DATE:** _____